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[NO. 2.

## DR. MARSHALL HALL ON TUBERCLE.

[Continued from page 10.]

I MUST now beg your sustained and best attention to another part of M. Louis's manuscript :—

“ *Lesions.*—It is rare to find in the lungs only tubercles, or semi-transparent grey granulations. I have seen the first case only twice, and the second five times; yet even then there were some granulations more or less opaque and yellowish in both instances.

“ In one case in three, the grey, semi-transparent granulations are greatly multiplied immediately under the pleura.

“ These granulations may acquire the volume of a pea in the space of three or four weeks, and not exceed it even in four years.

“ Though the grey matter presents itself under the form of granulations, or of irregular masses, more or less considerable, it changes, sooner or later, into tuberculous matter.

“ Tubercles are almost always found in both lungs. I have seen them confined to the left lung five times, and to the right twice.

“ Encysted tubercles are rare; I have only once met with them, and then at the summit of the superior lobes.

“ I have not found an empty excavation before the end of the third month of the affection, or the beginning of the fourth, and then the false membrane which lined the excavation was soft and of little consistence; whilst it is dense, greyish, *almost* semi-transparent, semi-cartilaginous, generally lined with another false membrane, which is soft and yellowish in excavations of long duration.

“ There are generally excavations in both lungs; so generally, indeed, that I have only found exceptions to this rule in one case in six. In one case in ten, these excavations are equally large on both sides.

“ The matter contained in these excavations varies principally according to their duration and their structure; perhaps, also, according to the more or less protracted difficulty of the circulation in the last moments of life. Thus, when the cavities are recent, the matter in question is straw-colored, and like ordinary pus. When they are of some duration, and especially when irregular in form, the matter is greyish, greenish, and looks dirty and disagreeable; sometimes stained with blood; this last discolored doubtless supervenes some hours before death; for it is not rare; and it is, on the contrary, very rare to see the sputum red during the last, or the two last, days of existence.

" Instead of air and pus, I found, in one case, rather a large excavation, occupied by a fibrous matter, already organized, the result of a haemoptysis which had taken place a few days before death.

" Bronchial ramifications are never found in the interior of tuberculous excavations, or in the grey semi-transparent substance; which indicates that the first effect of the development of this matter is the destruction of the bronchia in that part where it takes place. And this destruction does not appear to be the consequence of the transformation of the bronchia into grey, semi-transparent, or tuberculous matter; for no such transformation takes place in the vicinity of cavities, or of tuberculous masses, or in any part whatever of the lungs, not even where the bronchia present some organic change.

" The bronchia are rarely red in the neighborhood of tubercles which have not suppurred: they are redder and thicker in proportion as they communicate with the older excavations—an indication that this redness and thickening are the results of the habitual passing of the purulent matter from the cavities along their course.

" Pneumonia is frequent in the last stages in phthisis. I have observed it in one case in three, sometimes in the first, sometimes in the second degree. I have also met with it, in subjects carried off by other chronic diseases, 22 times in 112 cases; it must, therefore, be concluded, that tubercles have not a very great influence upon the development of pneumonia in the last stages of phthisis.

" But it is very different with regard to adhesions of the pleura. The influence of tubercles, in producing this effect, is so great, that in 112 cases, 1 only was found with both lungs perfectly free from adhesions. On the contrary, in 110 cases of other organic diseases, and certainly at more advanced ages, 35 only presented such adhesions. There exists also a constant proportion between adhesions and other effects of tubercles. Where there are no adhesions, there are also no cavities. Where the adhesions are slight, the cavities are small, or absent altogether. Lastly, where the adhesions are firm, and more or less extensive, or even universal, there are constant excavations, and, in a great majority of cases, these are considerable, or even very large.

" Large excavations occupy the summit of the lungs, and are very near their surface; it is also in this situation that we find those false membranes which are so thick and so strong as to strengthen, or sometimes even to constitute, their parietes to a certain extent. This sort of cartilaginous covering is peculiar to phthisis, being met with in no other disease.

" Recent pleurisy has occurred in the latest period of phthisis in one case in 10; in other chronic diseases, in one case in 13.

" The reverse of this is observed in regard to hydrothorax. It has occurred in one case in 10 of phthisis, and in one case in 4 of other diseases; a difference which corresponds to the comparative frequency of adhesions of the pleura, in these cases respectively.

" The frequency of ulcerations augments as you pass downwards from the epiglottis to the trachea. In 100 cases of phthisis, they were found

18 times upon the epiglottis ; 22 times within the larynx ; and 31 times in the trachea.

The largest ulcerations of the trachea affect the soft or muscular texture. Five times out of the number mentioned, I have found the mucous membrane entirely destroyed in all, or nearly all, the extent of this organ. In the first stage of these ulcerations, the mucous membrane alone is destroyed, whilst the sub-mucous tissue becomes thickened ; afterwards the latter ulcerates, whilst the muscular tissue thickens ; and lastly, the muscular tissue ulcerates, as the mucous membrane is destroyed.

The greater frequency of extensive ulcerations in the trachea seems to be explained naturally enough by the habitual contact of the sputa with this part, either when they are delayed in it or pass along it, especially as in the case in which the mucous membrane of the trachea is reddened and not ulcerated ; this redness was generally accompanied by thickening, and was greater in the muscular portion than in any other part. Still we must admit that ulcerations depend upon some other cause, for they are not always in proportion to the bad condition of the sputa, or the size or duration of the cavities.

The most usual seat of the ulcerations of the larynx is at the union of the vocal chords—the most dependent part of this organ in the horizontal position. The ulcerations of the epiglottis are confined to its inferior part ; at least I have not met with a case in which they were situated on its lingual surface.

The two last facts support the idea, that the ulcerations of the aerial tube depend upon the contact of the sputa. The softening of tubercles, which is so frequently the cause of ulcerations of the intestine, has no influence in the development of those of the aerial tube, for I have not found either tubercles or semi transparent grey granulations in this part during fifteen years.

It is a remarkable fact, that in no case of chronic disease without tubercles have I found ulcerations of the epiglottis, larynx, or trachea, not even in cases of gangrene of the lung of long duration, although I have taken ten cases of this last affection. Ulcerations of the aerial tube imply, therefore, a particular predisposition, for it is not enough that an acrid fluid should be continually passing through them.

We must, however, notice, as an exception to the law which has just been announced, the ulcerations which arise from syphilis.

It may, perhaps, be said, that there are facts which demonstrate the incorrectness of this law, especially those contained in the inaugural dissertation of M. Cazol, on 'La Phthisie Trachéale' ; but three of M. Cazol's cases arose from the pressure of tumors exterior to the aerial tube ; in two others, it is not stated whether the patients had suffered from syphilis, a fact ascertained in regard to one case alone, which consequently remains as the only exception to the law mentioned above. Such an exception has not occurred to me during 15 years of observation in more than 1200 subjects, in whom the trachea was examined with care.

Among acute diseases, one only of those whose seat is not prima-

rily in the trachea, is sometimes accompanied with ulcerations of this organ, viz., confluent variola, in which 3 out of 4 cases present ulcerations of the trachea, very different, however, from those of phthisis, being superficial, small, generally covered with a membraniform pellicle; so that, by an inspection of the trachea alone, of a phthisical patient, in which ulceration had occurred, we might ascertain the disease of which the patient had died.

" What has been said of ulcerations of the trachea, is also true of those of the larynx, at least I have not found such ulcerations in any chronic disease, except phthisis and syphilis.

" It is an error to have assigned phthisis as a cause of aneurism of the heart. In 112 cases, 3 only presented evident enlargement of the heart, and this of the *left* ventricle only, and not of the *right*, as would have been the case if the phthisis had been its cause. To this we may add, that enlargement of the heart occurs with equal frequency, the age being the same, in other chronic diseases.

" In regard to the aorta, its calibre is less in phthisical patients than in other subjects of the same age, carried off by acute diseases.

" The pharynx and oesophagus are almost always healthy in phthisical patients. I have never found tubercles or grey semi-transparent granulations. Twice only in 80 cases have I found moderately numerous and superficial ulcerations. In no case have I found such ulcerations in chronic diseases not tuberculous.

" The stomach is more frequently augmented in volume in phthisis than in any other diseases, acute or chronic. In 9 out of 96 cases of phthisis, and in 2 out of 230 of other diseases, the stomach was twice or thrice its natural size, and below its natural position. One of these two was a disease of the heart; the other, caries of the vertebra. In all these cases the liver was also enlarged, and had descended below its ordinary position, a fact which may be viewed as a cause of the condition of the stomach.

" The mucous membrane of the stomach is rarely perfectly healthy; it was found so in 19 cases only out of 96; in the rest it was:—

" 1. Softened, thin, or destroyed, over a variable space, situated more frequently in the great curvature than elsewhere, around which it was generally more or less mammelated and red, in 19 cases. 2. Red and sometimes thickened, mammelated, softened at its anterior part alone, which was more or less covered by the enlarged liver, in 8 cases; this state, manifestly inflammatory, was evidently owing to the compression of the liver, a fact which explains its greater frequency in women than in men, in the proportion of 7 to 1, in whom, also, the liver is more frequently enlarged and fatty. 3. Softened, and of a more or less obscure red color in the great curvature, sometimes with thickening, that is, evidently inflamed in this part, in 17 cases. 4. Mammelated, greyish, rarely reddish, sometimes thickened with small ulcerations, in 18 cases. 5. Ulcerated without other lesions, in 2 cases. 6. Of a more or less vivid red, in all its extent, without alteration in thickness or consistence, in 6 cases. This redness, on account of gastric symptoms having supervened in several cases two or three days before death, must be consider-

ed as inflammatory. 7. Softened, without alteration of color or thickness, in 4 cases. 8. Raised by a white, bluish, milky, thickish fluid, in one case.—77 cases.

" But these lesions are not peculiar to phthisis ; they occur in other proportions in other chronic diseases. In 94 cases of the latter, the mucous membrane of the stomach was—

" 1. Thin, softened, and sometimes destroyed, in 6 cases. 2. Red, and a little mammelated at its anterior part, in 2 cases. 3. Softened, of a more or less vivid red, in the great curvature, in 6 cases. 4. Mammelated, greyish, sometimes thickened or ulcerated, in 16 cases. 5. More or less red in its whole extent, without softening, in 18 cases.—48.

" It thus appears that the mucous membrane of the stomach was more or less affected in one half of these cases ; whilst in phthisis it was affected in four fifths.

" The small intestine is much more rarely in a perfectly healthy state than the stomach. Its mucous membrane was softened in its whole extent, in 8 cases out of 95—in 3 in a moderate degree, in 5 reduced to the consistency of a pulp, and in 3 affected with thickening and redness.

" In 36 cases out of 95 I found, in different parts of the small intestines, granulations more or less yellow or whitish, and evidently tuberculous ; and since the publication of my 'Researches' I have arrived at a similar conclusion, by the analysis of 61 cases of phthisis, in which there were 27 instances of this lesion.

" Ulcerations take place in a proportion still more considerable, so that I have observed them 78 times out of 95 cases—a fact which shows that they are not all caused by the abundance of tubercles, although these appear to be their principal cause.

" Besides, with few exceptions, the number, the size, and the depth of the ulcerations augment in proportion as we approach the cæcum ; and, if we suppose the intestine divided into 3 portions, we find ulcerations in the greatest number of cases only in the third nearest the cæcum, or, at the most, in this and the middle third. It is much less common to find them in the whole length of the intestine—a fact which I have observed, however, in 1 case in 6 ; whilst I have only seen them confined to the middle third 3 times.

" Their size varies from 1 line to 5 or 6 inches ; when small, they are placed almost exclusively opposite the mesentery, in points corresponding to Peyer's glands, which we can no longer distinguish, or very imperfectly. In the highest degree of their development, they occupy the whole surface of the intestine to a variable extent longitudinally.

" Their form generally indicates their origin, and varies with their size, when small and circular, like those which succeed immediately to the softening of tubercles. When of a moderate size, they have the elliptical form of the clusters of Peyer's glands, which they occupy. This latter form is the most frequent ; the annular form is next to ; the linear form is the most rare ; I have only observed it in 7 cases, and it has generally been in the first half of the intestine.

" Their structure varies like their size, and they follow the same course as those of the trachea.

" We observe redness, thickening, and softening of the mucous membrane of the small intestine, simple or complicated, in subjects carried off by other chronic diseases besides phthisis. But we meet with tuberculous granulations only in cases in which tubercles exist in the lungs. If this statement be not absolutely true, it is very nearly so ; so that in 82 cases of fatal chronic diseases, without pulmonary tubercles, 3 only had ulcerations of the small intestine : of these 3, 2 were dysenteric patients ; and in 1 the ulcerations were small and few in number, being scarcely 10 lines in diameter ; so that, if every kind of ulceration of the small intestine be not absolutely peculiar to phthisis, ulcerations to a certain extent are really so."

[To be continued.]

#### CAPSICUM.

*To the Editor of the Boston Medical and Surgical Journal.*

Sir.—Capsicum, as a very valuable remedy, has been in free use among the regular physicians of my vicinity, from a period long anterior to the existence of Thomsonianism. My first particular knowledge of it as a medicine, was its empirical employment, more than fifty years ago, as a popular prescription in sore throat, of almost every kind. Our common red pepper was directed to be boiled in milk, and this milk was to be the principal article of food, in diseases of this kind. It was thus employed, often with great apparent success, and many families would carry their children, by means of it, safely through attacks of scarlatina and cynanche maligna, when these complaints were epidemic, with very little aid from the physician. Capsicum has also been successfully used, empirically, time immemorial, in the painful spasmodic jaundice, often called cramp in the stomach, and other painful affections of the alimentary canal. Its external and internal employment has likewise been always popular in rheumatic complaints, as well as when local or general coldness was a prominent symptom. A strong infusion of it in cider has long been in general use.

Between twenty-five and thirty years ago, I learned its use in passive hemorrhage, which, in fact, is almost the only kind of hemorrhage at the present day. Two grains of it in pill, with the same quantity of sugar of lead, and half a grain, or more generally, a grain of opium, every hour, and much more frequently perhaps every ten minutes, in urgent cases, according to my observation, comes as near a specific, in stanching hemorrhage, as can ever be expected from any article. I must consider those physicians, who are not familiar with this important use of capsicum, as being at least a quarter of a century behind their age. In more chronic cases, this pill may be given four times a day, in almost every kind of passive hemorrhage.

This employment of capsicum in hemorrhage, seems to have been learned from the French refugees, who emigrated to this country during the early troubles in Hayti. They probably derived it from their Afri-

can slaves. The practice was soon adopted with success by two or three irregular practitioners.

Capsicum was likewise found to be of essential service in the torpid and cold cases of pneumonia typhodes, about 1812, and in that disease especially, which has been called *typhus syncopal*, or sinking typhus. From analogy, more particularly from its great effect upon the mucous membrane, it was soon successfully combined with opium in diarrhoea, and in low cases of dysentery. It has also been used to much advantage in chronic rheumatism, as well as in the latter stages of acute rheumatism, when freely combined with opium. In this way its employment in malignant cholera, perhaps, acquired more reputation than any other remedy. Where opium is freely required in *delirium tremens*, probably, it ought always to be combined with capsicum, as the latter is, undoubtedly, the best substitute for alcohol, during the debility arising from its sudden abstraction, of any single article hitherto discovered. Much less opium is commonly necessary, when capsicum is employed at the same time.

The question has lately been made, What authority have we in the books, for its extensive use? I believe there is very little; but, like many other elderly men, as I read but few modern medical publications, it is very probable that many valuable observations upon the subject may have escaped me. Thomas mentions capsicum and salt, in vinegar, as a favorite remedy for *cynanche maligna*, in the West Indies. In the Philadelphia editions of Gregory's Practice, capsicum in hemorrhage is mentioned, on the suggestion of Dr. Miner, who is, perhaps, the first regular physician that thus gave it a fair trial. A distinguished author upon theory and practice, though I have not read him, is said also to recommend it, upon the same authority, as well as from his own experience. With the exception of a few general remarks, in most dispensaries, and treatises on the *materia medica*, upon articles of this kind, I am unable, at present, to cite any further authorities from the books. I read, however, most of the testimony in its favor, during the prevalence of cholera.

Thomson, whatever he may pretend to the contrary, undoubtedly first derived his information upon the subject, from seeing it used, or hearing of its employment, in *typhus syncopal* and in *pneumonia typhodes*. His sweating or steaming process has the same origin, as well as his *lobelia*. The difficulty with him, in common with every other species of quackery, consists in his employing the bed of *Procrustes*, to which he ignorantly and barbarously attempts to lengthen or shorten every patient. The most valuable instruments, in his hands, therefore, are the means of doing infinitely more harm than good. Besides, his empiricism has a tendency to prejudice the regular practitioner, and thus to bring some of the most important agents of the *materia medica* into disrepute, in the minds of those physicians who are not already familiar with their operation.

Before concluding, I would remark that I presume capsicum is a far better and more manageable remedy than cubeb, in most of the affections in which the latter article has been so highly recommended.

In fine, I consider capsicum, when judiciously employed, as being one of the most important remedies of the whole *materia medica*. The preceding suggestions are very imperfect, and are merely thrown out in order to draw forth remarks from abler pens. A good dissertation upon the article, in my view, is quite a desideratum in our medical literature.

*February 5, 1838.*

SENECA.

### CASE OF FALSE SUPERFETATION, OR EXTRA-UTERINE CONCEPTION.

BY STEPHEN W. WILLIAMS, M.D., LATE PROFESSOR OF MEDICAL JURISPRUDENCE IN THE BERKSHIRE MEDICAL INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

In connection with the course of lectures which I have repeatedly delivered in the Berkshire Medical Institution, and once at the College of Physicians of the Western District of New York, at Fairfield, I have been in the habit of mentioning the following case, which I think an interesting one.—Although it may be considered an aberration from the subject, I will premise that I have just returned from delivering a course of lectures upon medical jurisprudence in the Western Medical College of New York, where, in consequence of the sickness of Theodric Romeyn Beck, M.D., the distinguished author of the Elements of Medical Jurisprudence, and professor of this department and of *Materia Medica*, I was invited by the Faculty of the College to take his place in the former department. I am much pleased with the college, and think it in a highly prosperous and flourishing condition. The number of students, since the year 1824, has averaged more than 140 a year. In the year 1834 there were 217. This year, although the number of students is smaller throughout the country than usual, owing to our pecuniary embarrassments, the number borne on the catalogue is 142—the largest number, probably, in the northern States. The college buildings are large and commodious, and as amply supplied with museum, cabinets, and chemical and philosophical apparatus, as any institution in the country. It affords me great pleasure to state that Dr. Beck is convalescing rapidly, and will soon be able to attend to his arduous avocations. With this I send you a catalogue of the faculty and students of the Western Medical College, and hasten to give you a detail of the case referred to in the commencement of this article.

In the month of December, 1823, I was requested by my father, and Dr. A. F. Stone, of Greenfield, to attend and assist them in a post-mortem examination of a woman, a patient of Dr. Stone, who had just died, after having been delivered of a child a week before. She was twenty-four years old at the time of her death, had been married two years, and this was her second child. The first labor was natural, and the child was full grown for the period, and healthy. The second confinement was within sixteen months of the first. She had been apparently well during her second gestation, except that she had complained of some soreness of the abdomen. The second labor was natural, with the

exception that during the progress of it Dr. Stone felt something suddenly give way under his hand, and at the same time he heard a snapping noise, and he supposed, at first, that the uterus had burst. Labor, however, soon progressed, which convinced him that he was mistaken, and the child was born without difficulty. The placenta soon followed, with very little hemorrhage. The patient was now comfortable, and after a little time he left her. In the course of a few hours she was attacked with excruciating distress in her bowels, which was supposed to be after-pain. It did not yield to anodynes, physic, or other medicine. Her fever was not high, and her symptoms were unaccountable. The lochia was not abundant, but natural. She expired on the sixth day after delivery.

On laying open the abdomen by dissection, the first thing that presented itself was a gush of purulent matter, very thick and tenacious, but otherwise to appearance bland. The peritoneum was considerably inflamed. I first examined the right side. The viscera were natural. The right ovary was little larger than a hen's egg. It was considerably inflamed, and the first view of it seemed to indicate that it had burst and filled the cavity of the abdomen with its pus. The left ovary was considerably larger than a very large goose egg. It was perforated with several holes. The uterus, except being very much thickened, was natural and not diseased. Upon making an incision into the left ovary, our knife immediately struck upon a ball of hair. We separated it from its attachments, and examined it at our office. We found in it a large ball of hair, as large as two hens' eggs, long, and of a sandy color, like the mother's. We likewise found *two perfectly formed, elegant incisor teeth, full grown, and as large as are to be found in the jaw of any child two years of age*, which were the only organized substances we found in the ovary. All the other parts, even the bones, were completely absorbed.

This, in my estimation, was a case of false superfetation, or extra-uterine conception. My class will recollect the definition of superfetation—the impregnation of a woman already pregnant. This, they will recollect, is either true or false. *True*, when it happens in the womb itself; *false*, when one foetus is deposited in the womb, the other in the ovary, the fallopian tube, or in the cavity of the abdomen.

A few questions naturally arise, in relation to this case, for the solution of which, I confess I feel myself incompetent. At what period was the left ovary, in this case, impregnated? Was it at the first or at the second impregnation? Or may we infer from this case that there was a violation of the chastity of the female? The hair in this case was as long as that on the head of a child a year old. How long must the foetus have lived in the ovary to have produced it of that length? How long must it have taken the teeth to have perfected themselves? How long must it have taken the bones and the soft parts to have been taken up by absorption? Authors have mentioned that extra-uterine foetuses have lain in the cavity of the abdomen for years, and the bones have been undissolved. The left ovary might have been impregnated, or have received the seminal aura at the same time with the right, at the

first conception, and, for some cause or other, the ovum might have been prevented from passing through the fallopian tube into the uterus, and consequently the fetus must have remained, to perfect itself, in the ovary. Several such instances are on record. But it appears to me there was not time, in this case, for the growth and decay of the fetus between the first and second parturition. The accoucheur, Dr. Stone, who was with her in the first labor, was satisfied that there was no other fetus remaining behind. Except some soreness of the abdomen, she went regularly through her second gestation, and was delivered, at the proper time, of a fine healthy child. Do these facts, or do they not, prove that this conception must have happened prior to marriage. I leave the solution of it to abler physiologists than myself. I must confess I am not able to explain it.

Denman and Baillie both think that these substances may be found in the uterus without conception. Dr. Denman says: "It is very remarkable that in diseases of the ovaria, teeth, hair, bones, and other extraneous animal substances, are found in them so frequently that there is scarce a collection of anatomical curiosities in which there are not various examples." "These substances," he observes, "have hitherto been considered as remnants of parts of imperfect conception; but a celebrated anatomist of the present day has fully proved that they may be found without conception, or even any connubial intercourse."

If such be the fact, I must confess I am unable to comprehend it. It is confessed, on all sides, that the ovum is formed or impregnated in the ovary, and passes, after a certain period, into the uterus to be perfected. Now, why may not some disease of the fallopian tube prevent its passage into the uterus? An obstruction, from any cause, might prevent it. In that case might it not lie in the ovary until it had partially perfected itself, when death and decomposition might ensue? In this case it might not be able to pass into the uterus at all. The subject is involved in some doubt, yet I must confess I cannot believe that it could be formed without intercourse.

*Deerfield, February 2d, 1838.*

#### UXATION OF THE CERVICAL VERTEBRAE WITHOUT FRACTURE.

A CASE of this very unusual accident was brought to the University College Hospital on the morning of the 12th. It appeared that the patient, a carpenter, thirty-five years of age, was on the previous evening sitting on a rail, about four feet in height, when he fell suddenly backwards, pitching on the ground with considerable force, and falling, as he supposes, on his shoulders, and the lower part of his neck. He was quite sober at the time. On being taken up he was found to be sensible, but the use of both his arms and legs was entirely lost. He was removed to a beer shop in the neighborhood, where he remained during the night, and in the morning, at nine o'clock, was brought to the hospital. He was sensible on his admission, and free from pain when he remained at rest. When he was moved, however, he complained of

great pain across his shoulders. The upper and lower extremities, and almost the entire trunk, were completely paralyzed, both as regarded sensation and motion, which were, however, natural in the head, neck, upper third of the thorax, and a few inches below the shoulders. The breathing was oppressed, and carried on almost entirely by the diaphragm; the countenance rather anxious, the surface warm, pulse natural. Since the accident he has passed neither urine or feces. He was ordered an enema, and the urine was drawn off by the catheter.

Two, P. M. Seems restless; countenance indicates greater anxiety; the breathing is more oppressed; there is slight loss of power on the left side of the neck; the articulation is impaired; the abdomen is tympanic; tongue dry; much thirst.

Five, P. M. Restlessness increased; he is continually rolling his head from side to side; the muscles of deglutition on the left side are paralyzed; great thirst; dry and foul tongue, which, when he attempts to speak, protrudes at the left angle of the mouth; great difficulty of deglutition; difficulty of breathing and anxiety of countenance increased. His urine has been escaping involuntarily for some time; at half past six twelve ounces were drawn off by means of the catheter. He got gradually worse, and died at eight, P. M.

The *autopsy* was performed eighteen hours after death. The blood, which was perfectly fluid, was much effused between the posterior muscles of the neck. There was complete luxation between the fourth and fifth cervical vertebrae, the latter being thrown backwards. The proper ligaments of the vertebrae were lacerated, as were also some of the tendons of the longus colli muscle. *There was no fracture of the articulating processes.* On opening the vertebral canal the chord was found to be compressed between the arch of the fourth and body of the fifth cervical vertebra; the membranes of the chord were not much injured. The chord appeared a little softened at the compressed portion, but otherwise its texture was unaltered. The examination was not conducted farther. Mr. Liston pointed particularly to the fact of there being no fracture, a very unusual circumstance in accidents of this description, and the absence of which rendered the case peculiarly interesting. Had the precise nature of the case been ascertained, it is probable that an attempt at reduction might have been made.—*London Lancet.*

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, FEBRUARY 14, 1838.

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### MASSACHUSETTS MEDICAL SOCIETY.—COUNSELLORS' MEETING.

On Wednesday last, February 7th, the Counsellors convened at the Athenaeum, in this city, twenty-eight members being present, the President, Dr. Shattuck, in the chair.

A communication from the Worcester District Medical Society, recommending the repeal of certain by-laws, on motion of Dr. Hale was

referred to a committee of three, viz., Drs. Jackson, of Boston ; Willard, of Uxbridge ; and Green, of Lowell, who subsequently reported that the 39th article of the by-laws appears reasonable, but not important, and therefore they recommend its repeal ; but they did not recommend the repeal or suspension of the 56th article. The report was accepted.

Dr. Timothy Kenniston, of Haverhill, and Dr. Smith, of Sutton, were elected fellows of the Society. Dr. Twitchell, of Keene, N. H., was elected an honorary member. Drs. Walker, of Charlestown, and Strong, of Boston, were chosen to examine into the condition of the treasury ; and Drs. Otis and Morrill, both of Boston, were appointed a committee to examine the library.

Dr. J. V. C. Smith introduced the following resolutions :—

*Resolved*, by the Counsellors of the Massachusetts Medical Society, at a regular meeting holden on the 7th day of February, 1838, That in view of the splendid achievements in science, resulting from the united efforts of the learned in Europe, a general national convention of scientific men in the United States, at specified seasons, for the interchange of opinions and for concentrating their labor, would not only tend to develop the resources of the new world, but would also advance the cause of human happiness. Geology, mineralogy, agriculture, and the broad domain of natural history, have been but partially and imperfectly explored, and unless there is a combination of all the intellectual energies of those who especially cultivate the arts and sciences for the purpose of studying the character of the diversified objects of nature, which everywhere abound within the geographical boundaries of this great republic, generation after generation may pass away, without knowing the physical constitution or real condition of their native land. The field is truly vast, and amply sufficient to give employment to every possible order of genius or industry. And, as medical men, thus far, in the history of this country, have manifested a particular devotion to the various departments of scientific inquiry, and still continue, under many disadvantages, to collect, to investigate and register the principal discoveries which have been made in relation to the primitive appearance of the American continent, and its various changes to prepare it to become the appropriate residence of civilized man, therefore

*Resolved*, That a committee be appointed by this Council, whose duty it shall be to propose to all the known literary and scientific societies in the United States, to send delegates, on some specified day the ensuing autumn, to the most convenient and central place in the Union, for the express purpose of organizing a National Scientific Association.

*Resolved*, That the said committee be authorized to extend invitations to distinguished individuals in foreign countries, to encourage, by their presence and co-operation, the great objects contemplated in the establishment of this important national institution.

*Resolved*, That the said committee shall report monthly, to this Council, their progress and the prospects of success in collecting a sufficient number of eminent persons for organizing the proposed convention, till such time as the Council is satisfied that no further action on the part of this Board will be necessary to ensure the perfect success of this desirable, and, as they believe, practicable undertaking.

Dr. Jackson, after making some very appropriate and judicious observations, moved that a committee be appointed to consider and report upon the foregoing resolutions, at the next meeting of the Counsellors. Drs.

Jacob Bigelow, George Hayward, Rufus Wyman, Enoch Hale, and J. V. C. Smith, of Boston, constitute the committee.

Dr. Hayward called the attention of the Board to the importance of making a speedy application to the legislature, now in session, in relation to some modification of the law with regard to the smallpox. An alteration was made the last session, but it was not sufficiently explicit; the law was still vexatious to the patient, as well as the physician. The first was required to be moved from his home, if it could be done without hazard of life, and the practitioner was obliged to report the existence of the disease to the civil authorities. As the law now stands, the public confidence in vaccination is shaken. Full reliance may always be placed in that operation. The committee consists of Drs. Hayward, Smith, Hale, Adams, Wyman, and Walker.

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*State Medical By-Laws.*—Although the following comprises part of a private letter, it is just such a document as should be published. The writer is a liberal-minded man, devoted to the best interests of the Medical Society, and has constantly at heart the honor and respectability of the profession in the Commonwealth. We are happy to say that a modification of one obnoxious article was effected at the late meeting of the Council.

"I presume the resolve of the Worcester District Society, requesting the repeal of the 39th and 56th By-laws of the Massachusetts Medical Society, will come up for consideration before the Council to-morrow (February 7). Our reasons for this resolve are briefly these. Let me remark that the language in that resolve is not sufficiently explicit. We object to no part of the 39th By-law except the payment of the fee of ten dollars; and we object to that because we think that the Censors had better be paid for their arduous duties out of the general fund of the Society—that the fee is required of young men, at the very period of their lives when they are least able to meet it, at the very commencement of their professional career—that being, of course, exacted only of those who obtain their degrees out of the State, it *appears* like an invidious distinction between the graduates of our own and of foreign schools—that supposing the intention of the fee to be unexceptionable, it is generally, I may say almost universally, believed by the profession out of the Society, in this section of the State, to be a tax upon those who have preferred other medical schools than our own—that it is a frequent and very effectual argument with those who are inimical to the Society, to persuade the junior members of the profession from uniting with the Society, and the subject of serious complaint with those of more kindly feelings—('I would like to join your Society, but I will never pay *that* ten dollars,' is a remark I have often heard)—that a law in itself, and the intention of its framers, may be unexceptionable, but from local causes and prejudices may be unwise and injurious to the very interests it was intended to promote, and ought, therefore, to be repealed—and, finally, that as in the five Western Counties we have but 152 Fellows (by the register of 1837), out of 350 physicians, it is good policy for the weaker party to remove every obstacle to the increase of their number, which can be removed without trenching upon their principles.

"There are many other cogent considerations, to which I cannot allude at this time. I will only remark, that among the 350, are found some of the most talented and influential physicians of these counties,

Of course, these are the consulting physicians of their respective circuits. The result is evident ; and I do not hesitate to declare that in these counties, the laws of the Society in relation to consultations with irregular practitioners are a dead letter—they are entirely disregarded. At least, such is the result of my observations and inquiries. I have taken some pains to ascertain the true state of the case.

" By the register of 1837, the number of Fellows in Hampden is 19 ; in Berkshire, 19 ; Franklin, 21 ; Hampshire, 28 ; Worcester, 65. As near as I can ascertain, after some little trouble, the number of Physicians in the four Western Counties is about 230 ; Fellows, 87 ! (not including the addition to the Society in Berkshire during the past year). The number of physicians in Worcester is at least 120 !

" This state of things ought not to continue. You will remember what my feelings were when forced to pay the fee of ten dollars. I owe it to your persuasion that I renounced those feelings and joined the Society. And now let me say that I am strongly attached to our Society, and am sincerely desirous of promoting its best interests. Let me be beg of you one favor—do not let any one call me a Radical.

R. R. J.

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*Massachusetts General Hospital.*—The following officers have been elected for 1838 :—Edward Tuckerman, President ; Jonathan Phillips, Vice President ; Henry Andrews, Treasurer ; William Gray, Secretary ; Charles Amory, William Appleton, George Bond, N. I. Bowditch, Martin Brimmer, Thomas B. Curtis, Henry Edwards, Samuel A. Eliot, Robert Hooper, Jr., Thomas Lamb, Samuel Lawrence, and Robert G. Shaw, Trustees ; Drs. James Jackson, John Randall, George C. Shattuck, and John Ware, Consulting Physicians ; Drs. George B. Doane, John Jeffries, Abel L. Peirson, and Solomon D. Townsend, Consulting Surgeons ; Dr. Gamaliel Bradford, Superintendent of the Hospital ; Drs. Jacob Bigelow, Walter Channing, and Enoch Hale, Physicians ; Dr. John B. S. Jackson, Consulting Physician ; Drs. John C. Warren, and George Hayward, Surgeons ; Dr. Luther V. Bell, Physician and Superintendent McLean Asylum ; Mr. Columbus Tyler, Steward of do. ; Mrs. Mary E. Tyler, Matron of do.

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*Statistics of Mortality.*—The following condensed comparative view of the condition of the public health in the City of Lowell, Mass., in 1836 and 1837, was prepared by Dr. John O. Green, Chairman of the Board of Health, and was found appended to the annual statement of deaths in the official returns to the city authorities.

Diseases.	1836.	1837.	Diseases.	1836.	1837.
Consumption,	27	35	Measles,	5	7
Inflam. Lungs,	22	14	Apoplexy,	4	5
Cholera Infantum,	8	16	Inflam. Brain,	6	4
Typhus Fever,	37	26	Dropsy "	6	6
Scarlet Fever,	9	38	Chronic Diarrhoea,	14	4

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*Glanders in the Human Subject.*—The last number of the " Memoirs of the Royal Academy of Medicine, Paris," contains a well-written monograph, by M. Rayer, on Glanders in the Human Subject. M. Rayer details eighteen cases of this affection, and has illustrated his paper by some beautifully colored drawings. Another memoir, containing six

cases of Glanders, may be found in the 8th and 19th numbers of the "Berlin Medical Gazette" for 1837.—*London Lancet.*

**Tobacco.**—There are two distinct principles in tobacco, to which its medicinal and poisonous properties are to be ascribed; one an alkaline principle, the other an empyreumatic oil. One drop of the alkali, or *nicotina*, will kill a dog. The empyreumatic oil operates on the nervous system, and the *nicotina* on the irritability of the heart. When the infusion of tobacco is taken in sufficient quantity to operate on the cerebellum and spinal chord, it is attended, among other symptoms, with the most acute sensibility of the surface. This sensibility of the skin always attends powerful excitement of that portion of the nervous system, which is in fact the cause of it in hydrophobia.

A very striking instance of the energetic powers of the empyreumatic oil of tobacco, is detailed by M. Barrows, in his "Travels at the Cape." A Hottentot touched the tongue of a serpent with a drop of this oil from the tube of his tobacco pipe. The effect was instantaneous as an electric shock. With a convulsive motion, which was involuntary, the snake half untwisted himself and never stirred more; the muscles were so contracted that the whole animal felt hard and rigid, as if dried in the sun.

In the treatment of cases of poisoning by tobacco, the rapidity of the action of the poison leaves no time for the action of the stomach pump or emetics; it is therefore of the first importance to neutralize the poison as rapidly as possible, and this is readily effected by the infusion of galls, or any vegetable astringent. The tannic acid combines with the *nicotina*, and forms an insoluble salt. The next object is to rouse the prostrated nervous energy, by the administration of such stimulants as will operate quickly, namely, ammonia, and such like.—*Ibid.*

**Medical Miscellany.**—Dr. Smith, the Surgeon General of Texas, is now on his way to Washington, the bearer of government despatches.—Dr. Houghton has been appointed, by the executive of Michigan, to conduct the geological survey of that State.—The entire family of Dr. Helm, near Springfield, Ohio, recently came near being poisoned by arsenic. Dr. Dubois and a nephew of Dr. Helm were also sufferers. A third attempt has been made, in the same way, to murder them, yet no clue has been discovered to lead to the detection of the criminal.—Dr. Haskell's excellent introductory lecture before the Boston Physiological Society, has been published in a pamphlet form.—Eleven students of medicine, attending the late course of lectures in Boston, have passed a successful examination for the degree of doctor in medicine.—A celebrated quack, referred to in last week's Journal, who has enjoyed a reputation for curing bad ulcers, represented to be worth to him two or three thousand dollars a year, had one of his legs amputated last week, on account of an ulcer which defied his own skill—or else he was unwilling to hazard applications which have been liberally dispensed to others.—A convention of the physicians of Ohio has recently been held in the city of Columbus, which was well attended. An interesting communication from Professor Parker, who has lately returned from Europe, on French Surgery, was read, of which we shall hereafter give further notice.

**To Correspondents.**—The communications of Drs. Holmes and E. Alexander were received too late for this number.

(*L*) The Title-page and Index of Vol. XVII. will be sent to subscribers in the next number of the Journal.

**Whole number of dea/h's in Boston, for the week ending Feb. 10, 38. Males, 21—Females, 17.**  
**Consumption, 5—apoplexy, 1—drophy on the brain, 1—long fever, 3—drophy in the head, 1—syphilis, 2—**  
**marasmus, 1—child-bed, 1—induration of the lungs, 1—infantile, 3—apoplexy, 1—disease of the**  
**brain, 1—old age, 2—croup, 2—stillborn, 4.**

**FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.**  
**DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER** is offered to those afflicted with *Prolapsus Uteri, or Falling of the Womb*, and other diseases not depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "dragging and bearing-down" sensations which accompany nearly all cases of viscous displacements of the abdomen, and its skillful application is always followed by an early confirmation of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-abdominal Supporters* have been applied with most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting *Pessary* hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has the title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

LOWE & REED,

Jan. 3.

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24 Merchants Row, Boston.

### VERMONT MEDICAL COLLEGE.

The annual Course of Lectures, at this institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by  
 Pathological Anatomy, by  
 General and Special Anatomy and Physiology, by  
 Principles and Practice of Surgery, by  
 Chemistry and Materia Medica, by  
 Medical Jurisprudence, by  
*Woodstock, January 17th, 1836.*

H. H. CHILDS, M.D.  
 ELISHA BARTLETT, M.D.  
 ROBERT WATTS, JR., M.D.  
 GILMAN KINSELL, M.D.  
 DAVID PALMER, M.D.  
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PT—epiMT

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JOSEPH H. FLINT.

*Springfield, January, 1836.*

Jan. 17.

### TO MEDICAL STUDENTS.

The undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works. Anatomical instruction and private dissection will form a prominent part in the study of the pupils. For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. HOOPER, M.D.

JOHN H. DIX, M.D.

*Franklin Street, Nov. 9, 1836.*

July 10—8m

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*Boston, August 9, 1837.*

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